



VCH-North Shore Provider Pathway for Women with Perinatal Depression

Education &	Creating a culture of knowledge at Resources:								
Prevention	individual, family & community levels			BC Reproductive Mental Health Program: www.bcmhas.ca ▶ Programs & Services ▶ Reproductive MH					
	 Provide realistic beliefs & dispel myths about motherhood Increase knowledge & awareness of 			 Pacific Postpartum Support Society: www.postpartum.org; 604-255-7999; 1-855-255-7999 Here to Help: www.heretohelp.bc.ca; 310-6789 (no area code required) 					
									HealthLink BC: www.healthlink.bc.ca; 811
				PND & resources			Motherisk: www.motherisk.org/women/index.jsp		
	Screening &	BEST PRACTICE - UNIVERAL SCREENING: Steps 1 - 3.							
Diagnosis	1 Administer the Edinburgh Postnatal Depression Scale (EPDS) at 28-32 weeks of pregnancy & again at 6-8 weeks postnatally.								
	2	Interpret the	<8	9-11	12-13	14+			
EPDS is available in multiple languages at www.perinatals ervicesbc.ca/		EPDS (see reverse)	Depression not likely	Depression possible	Fairly high possibility; assessment by PCP ¹ recommended	Positive screen for depression	Answer 1,2 or 3 to Qu 10 or S/S of a psychotic disorder or concern re harm to baby		
			_	V	V	V	V		
	3	Take action	Continue support	Support, re-screen in 2-4 wks & consider referral to PCP ¹	Support & refer to PCP ¹ . Diagnostic assessment & treatment by PCP & / or specialist recommended for scores of 14+ (see tx & mgt section)		Immediate discussion required; refer for urgent diagnosis & treatment as needed (see tx & mgt section)		
	IF UNIVERSAL SCREENING NOT POSSIBLE &/OR ANYTIME CONCERNS IDENTIFIED, PERFORM TARGETED SCREENING: Steps 4 – 6.								
	4 Are there risk factors &/or concern re mood or behaviour?								
	5	If yes, ask 3 question pertaining to last 2 weeks:	2. Have you fe	1. Have you often felt sad or depressed? (from PHQ-9) 2. Have you felt a loss of interest in pleasurable activities? (from PHQ-9) 3. Have you felt anxious &/or unable to sleep when the baby sleeps due to racing thoughts or worries?					
	6	6 If yes to ≥1 of the 3 questions, administer the Edinburgh Postnatal Depression Scale (EPDS); interpret & take action as above.							

See next page for treatment & self-management resources.

¹ PCP = Primary Care Provider (family physician or nurse practitioner)





Treatment	Severity ²	Resources	Contact #
& Self-Mgt	Emergent /	24/7 resources:	
tx & mgt)	urgent risk	Ambulance	911
		LGH Emergency	604-988-3131, x4500
		LGH Rapid Access Program	604-988-3131, x4513
		MCFD Intake (NS)	604-981-0008
		Helpline for Children (MCFD afterhours)	310-1234 (no area code)
		Crisis Intervention	1-800-SUICIDE (784-2433)
		Distress Phone & Information Line	604-872-3311 or 1-866-661-3311
reatment	Moderate,	LGH Rapid Access Program (response required within 72 hrs)	604-988-3131, x4513
& Self-Mgt	severe & / or	Central Intake/Community MH Services	604-904-3540
cont'd	complex	BC Repro MH Psychiatrist on-call or referral	604-875-2025
(tx & mgt)	presentation of PND	St Paul's Repro MH referral	604-806-8589
	Mild to moderate	Pacific-Post Partum Support Society (groups & phone line)	604-255-7999 or 1-855-255-7999
	presentation of	North Shore Supportive Treatment Group (public/mental health)	604-983-6875
	PND	Family Services of the North Shore	604-988-5281
	All known &	Registered psychologist (private)	1-800-730-0522; www.psychologists.bc.ca
	suspected PND	Private psychiatrists	
	presentations & /	Clinical counsellors	1-800-909-6306; www.bc-counsellors.org
	or PND risk factors present	NS Public Health Nurses on-call	604-983-6700
		Telephone support lines:	
		Pacific PP Support Society groups (groups & phone line)	604-255-7999 or 1-855-255-7999
		Women's Support Line NS Crisis Service	604-987-3374
		Chinese Helpline (SUCCESS) (1000-2200 hrs, 7d/wk)	604-270-8222 (Mandarin); 604-270-8233 (Cantonese)
		HealthLink	811; www.heatlhlink.bc.ca
Coping & Support	Pacific-Post Partur available)	m Support Society (groups & phone line; Farsi & Punjabi language services	www.postpartum.org

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² Determining severity: PHNs may refer to page 3 on interpreting the EPDS scores and Primary Care Providers may complete a depression scale such as the PHQ-9.